Objectives:

1. Describe a framework for engaging people in quality improvement at all levels of a system

2. Identify locally relevant ideas and tactics to support engagement in quality improvement

... to support you in your efforts to improve outcomes for your service users, carers and community
But first...

Let’s get to know each other...
<table>
<thead>
<tr>
<th>Arrived at the forum by car</th>
<th>Has led a QI project</th>
<th>Is an administrator / manager</th>
<th>Is presenting at this IHI forum</th>
<th>Has already put their Christmas tree up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a QI programme in their organisation</td>
<td>Owns three Apple devices</td>
<td>Plays sport weekly</td>
<td>Has been to an IHI forum before</td>
<td>Lives in the Southern hemisphere</td>
</tr>
<tr>
<td>Lives in an apartment</td>
<td>Knows what PDSA stands for</td>
<td>Travelled for over 4 hours to reach the forum</td>
<td>Works for a healthcare provider</td>
<td>Has been part of an improvement collaborative</td>
</tr>
<tr>
<td>Has worked in healthcare for over 10 years</td>
<td>Has a cat</td>
<td>Is at the forum with at least one work colleague</td>
<td>Has published quality improvement work</td>
<td>Owns a car</td>
</tr>
<tr>
<td>Is a nurse</td>
<td>Plays a musical instrument</td>
<td>Works in quality assurance</td>
<td>Has three children</td>
<td>Is going on a site visit tomorrow</td>
</tr>
</tbody>
</table>

**Objectives for this learning lab**

1. Describe a framework for engaging people in quality improvement at all levels of a system

2. Identify locally relevant ideas and tactics to support engagement in quality improvement

... to support you in your efforts to improve outcomes for your service users, carers and community

qi.elft.nhs.uk    @ELFT_QI
Mental health services
Newham, Tower Hamlets, City & Hackney

Forensic services
All above & Waltham Forest, Redbridge, Barking & Dagenham, Havering

Child & Adolescent services, including tier 4 inpatient service
Regional Mother & Baby unit

Community health services
Newham

Urgent care centre
Newham

IAPT
Newham, Richmond and Luton

Speech & Language
Barnet

Challenges and opportunities in East London

Cultural diversity

Financial stability and strong assurance systems

Social deprivation

Commissioning arrangements

Geographical diversity
The culture we want to nurture

A listening and learning organisation

Empowering staff to drive improvement

Patients, carers and families at the heart of all we do

Increasing transparency and openness

Re-balancing quality control, assurance and improvement
Engaging staff in QI at team-level

Amar Shah
Associate Medical Director for QI &
Consultant forensic psychiatrist
Make it feel meaningful
Make it feel possible
Make it feel valued and permanent
Provide skills and support
Portfolio thinking

**REDUCE HARM BY 30% EVERY YEAR**

- **VIOLENCE REDUCTION**
  - TH Collaborative
  - MHCOP
  - Forensics
  - CAMHS

- **PRESSURE ULCERS**
  - CHN

**RIGHT CARE, RIGHT PLACE, RIGHT TIME**

- **PHYSICAL HEALTH**
  - Children’s
  - City & Hackney
  - Forensics
  - Newham
  - Psychological / LD
  - Smoking

- **ACCESS TO SERVICES**
  - Children’s
  - CHN/MHCOP
  - Psychological
  - Tower Hamlets
Make it feel meaningful

Make it feel possible

Make it feel valued and permanent

Provide skills and support
AIM: To provide the highest quality mental health and community care in England by 2020

Aspirational

Constancy of purpose

Stories and data

Make space and time

Build the will

Build improvement capability

Alignment

QI Projects

- 1. Launch event & roadshows
- 2. Microsite
- 3. Using the power of narrative
- 4. Celebrate successes
- 5. Network of champions / ambassadors
- 6. Learning events

- 1. Initial assessment of alignment & capability
- 2. Recruiting central QI team
- 3. Online training
- 4. Face-to-face training
- 5. Follow-up coaching on projects
- 6. Develop in-house training for 2016 onwards

- 1. Align all projects with improvement aims
- 2. Align team / service goals with improvement aims
- 3. Align all corporate and support systems
- 4. Patient and carer involvement in all improvement work
- 5. Embed improvement within management structures

Reducing Harm by 30% every year

- 1. Reduce harm from inpatient violence
- 2. Reduce harm from falls
- 3. Reduce harm from pressure ulcers
- 4. Reduce harm from medication errors
- 5. Reduce harm from restraints

Right care, right place, right time

- 1. Improving patient and carer experience
- 2. Reliable delivery of evidence-based care
- 3. Reducing delays and inefficiencies in the system
- 4. Improving access to care at the right location
AIM: To provide the highest quality mental health and community care in England by 2020.
Stories and data

External validation

Newsletters (paper and electronic)

Local meetings for project leads

Board meetings

Making space and time for QI
Make it feel meaningful

Make it feel possible

Make it feel valued and permanent

Provide skills and support
Make it feel meaningful

Make it feel possible

Make it feel valued and permanent

Provide skills and support
Experts

Front line staff

Managers and clinical leads

QI coaches

Board

**Where are we?**

Estimated number = 4000
- Requirement = introduction to quality improvement, identifying problems, change ideas, testing and measuring change
- Time-frame = train 10-20% in 2 years

Estimated number = 800
- Requirement = deeper understanding of improvement methodology, measurement and using data, leading teams in QI
- Time-frame = train 30-50% in 2 years

Estimated number = 30
- Requirement = deeper understanding of improvement methodology, understanding variation, coaching teams and individuals
- Time-frame = train 100% in 2 years

Estimated number = 15
- Requirement = setting direction and big goals, executive leadership, oversight of improvement, being a champion, understanding variation to lead
- Time-frame = train 100% in 2 years

Estimated number = 7
- Requirement = deep statistical process control, deep improvement methods, effective plans for implementation & spread
- Time-frame = train 100% in 2 years

**QI capability building**

- In-depth training
- Course length is 6 months.
- 3 days intensive training; 4 WebEx teleconferences; 2 full day learning sets
- Applying learning to their QI projects in ‘action periods’

- One-stop shop
- Learning resources
- Seminal papers, guidelines, whitepapers
- Videos
- QI tools

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**Where are we?**

On track to train over 500 people through 5 six-month waves of ISIA between 2014-16. New Pocket QI course commencing from October 2015

380 people have completed the ISIA so far, with approx 500 estimated to complete within first 2 years

Developing QI coaches programme will train 30 QI coaches in 2015

Most Executives will have undertaken the ISIA, and all will have received board sessions together with the non-Executive Directors

Currently have 6 improvement advisors, with 4.3wte deployed to QI. To increase to 7 IA’s in 2016 (5.5 wte).

**QI capability building**

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**Expert**

Front line staff

Managers and clinical leads

QI coaches

Board

**Where are we?**

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Coaching teams from the very start

Agree the quality issue to be tackled

Ensure patient and carer involvement

Form a team

Find time to meet

Success
At your table, have a discussion in pairs on what you are **currently doing** and what you might like to try, in order to engage staff at team-level in quality improvement...

1. How are you making QI meaningful to your teams?
2. How are you making QI feel possible?
3. How are you making QI feel valued and permanent?
4. How are you providing skills and support?
Engaging service users, carers and families in QI

Paul Binfield
Senior people participation lead

Make it feel meaningful
Make it feel possible
Make it feel valued and permanent
Provide skills and support
Engaging SU/ carers

- Why get service users and carers involved?
- How do you find service users / carers to get involved with your project?
- What roles do service users / carers play in the project?

Service user involvement in providing governance and assurance

**Structures and processes**
- Members of our QI Board and steering group
- Metrics on service user involvement in QI reported to the Board
- Service user steering group to oversee and support user & carer involvement
- People participation leads across every area of the organisation

**Supporting the service user voice**
- Stories and experiences within key meetings (eg Board)
- Service user surveys (qualitative and quantitative)
- Service user auditors
Service user involvement in improvement

Co-design and co-creation
- Two service users within the central QI team
- Co-created service user involvement strategy
- Co-design the visibility wall and joint newsletters for staff & service users

Genuine partnership
- Service users involved in QI projects alongside staff members
- Service user led QI projects starting to emerge

QI Project Involvement

Little i
- Regularly consulted during lifetime of the project

Big I
- Act as a full member of the QI project team

Methods:
- Service user forum
- Surveys
- Community meetings
- Focus groups
Make it feel meaningful

Make it feel possible

Make it feel valued and permanent

Provide skills and support

To achieve % service user/carer involvement across ELFT

Communication (in and out)

Big I

- Service user/carer specific role in project team
- Structure/process outlining how service users/carers get involved
- Payment
- Service user/carer led or co-led projects

Little I

- Service user/carer feedback
- Partnership working between Quality team and QI Team

Overview of service user/carer involvement

Advertising

Access to information

Support structure

Monitoring & reporting

Regular Reviews

Regular steering group/oversight meeting.
- Monitoring informatics system that reviews service user/carer involvement at all different stages of the QI project.
- Dashboards

• Booklet outlining all information about involvement in QI
• Clear structure outlining different levels of support and outlining responsibilities
• Service user/carer involvement in QI forum
• Service user/carer lead in QI central team and each project team

• Role descriptions and contracts
• Incorporate QI into recovery syllabus
• Buddying up
• Regular support sessions for service users/carers similar to coaches.
• Training – not focused on methodology – more focus communication skills and role plays.
• Service user/carer bespoke group – similar to support QI coaches receive.
• Induction to team and/or trust induction.

• A trust wide survey service users/carers can complete about quality of service and/or QI project on that ward/in that team – similar to friends and family test.
Make it feel meaningful

Make it feel possible

Make it feel valued and permanent

Provide skills and support

Role description

Reward and recognition

http://qi.elft.nhs.uk/engaging-service-users-and-carers/
Make it feel meaningful

Make it feel possible

Make it feel valued and permanent

Provide skills and support

IHI Open School made available to all

Become a Champion within a directorate

Attend bespoke Learning Events
Over 50 service users have attended so far

Join QI training with staff
For our service user leads

Support and skills development for service users

Generic skills on confidence, participation, group work

Resources on the QI website to support involvement
At your table and in pairs, consider what you are currently doing and what you might want to do, in order to support service users, carers and families to engage in quality improvement...

qi.elft.nhs.uk  qi@elft.nhs.uk  @ELFT_QI

Engaging a whole organisation in QI

Kevin Cleary  Medical Director  Jonathan Warren  Director of Nursing
AIM: To provide the highest quality mental health and community care in England by 2020.
Using data & stories as a common language

Quality dashboard
organisation level view
September 2015

Taking data to the next level

Data at Trust, directorate or team level
At your table and in pairs, consider what **you are currently doing** and **what you might want to do**, in order to shift the whole organisation towards being improvement-focused...
Board leadership of quality improvement

Marie Gabriel
Board Chair

Why Do Boards Exist?

Collective Responsibilities of the Board

- Shareholders, customers, employees and other stakeholders
- Risk management and accountability controls
- Long-term direction and strategy
- Right resources to deliver
- Review management performance
- Values and standards
Ambition

• “Quality is never an accident: it is always the result of high intention, sincere effort, intelligent direction and skilful execution; it represents the wise choice of many alternatives”

• “Quality also marks the search for an ideal after necessity has been satisfied and mere usefulness achieved”

William A Foster

Moving from a Quality Assurance to a Quality Improvement Board - The ELFT Experience
Tips on How to Engage Your Board

Understand
• Your Board
• The wider context within which it exists
• Timing

Evidence
• Alignment
• Successful impact
• Role for the Board

Create
• Board Champions
• Board Ownership
• Naysayer Response
• Next Steps

Be tenacious, maintain and grow the above

Create a plan to engage your Board to support an organisation-wide QI programme.

What would you do, when, how and by whom?

Consider the information that has been shared throughout today’s session.

Be prepared to present your plan to the room...

qi.elft.nhs.uk   qi@elft.nhs.uk   @ELFT_QI
Summary & close